

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/800 740
APPLICANT(S)

FILED DATE

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS										
	NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP		NO	DEP	NO	DEP
1	1		1		1		51									
2		1				1	52									
3	1		1		1		53									
4		1				1	54									
5	2		2		2		55									
6	2		2		2		56									
7	2		2		2		57									
8	2		2		2		58									
9	2		2		2		59									
10	2		2		2		60									
11	2		2		2		61									
12	2		2		2		62									
13	2		2		2		63									
14	2		2		2		64									
15							65									
16							66									
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39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL NO.	22		3		3		TOTAL NO.									
TOTAL DEP.	2		20		20		TOTAL DEP.									
TOTAL CLAIMS	24		23		23		TOTAL CLAIMS									

BEST AVAILABLE COPY